

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 02 1452  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2047

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>				c. CITY OR TOWN <b>Ozark Beach</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V.A. Hospital</b>				Length of stay in lb <b>18 days</b>		d. STREET ADDRESS <b>General Delivery</b>	
3. NAME OF DECEASED (Type or print) <b>ROY E. WILSON</b>				4. DATE OF DEATH Month <b>6th</b> Day <b>23rd</b> Year <b>1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>1-26-86</b>	
9. AGE (In years last birthday) <b>70</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Cabinet maker</b>		11. BIRTHPLACE (City and state or country) <b>Huron, South Dakota</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>John Wilson</b>				14. MOTHER'S MAIDEN NAME <b>Mary Kauffman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b> <b>WWII</b>				16. SOCIAL SECURITY NO. <b>443 16 7934</b>		17. INFORMANT Address <b>V.A. Hospital, Kansas City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Bronchopneumonia with abscesses</b>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Acute and chronic bilateral pyelonephritis (Cystotomy)</b> DUE TO (c) <b>(1) Urethral stricture (2) abscess of urinary bladder</b>							<b>608*</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>1</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <b>4:25</b> Month <b>June</b> Day <b>5</b> Year <b>1957</b> a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>June 5, 1957</b> to <b>June 23, 1957</b> Death occurred at <b>4:25 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.</b>							
22a. SIGNATURE <b>Edmond Yunis</b> (Degree or title) <b>EDMOND YUNIS, MD</b>				22b. ADDRESS <b>V.A. Hospital, Kansas City, Mo</b>		22c. DATE SIGNED <b>6-23-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>JUNE 24-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>BELLEVIEW CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD Mo.</b>	
24. FUNERAL DIRECTOR <b>DW Newcomers Sons KC, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>6-24-57</b>		26. REGISTRAR'S SIGNATURE <b>Neval Minshall</b>	

(Licensed Embalmer's Statement on Reverse Side)



4981 LT 1081

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... Basil C. Hone

Licensed Embalmer No. 44

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above..